2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

03-17-2008 90021 045 ****61.25

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1. Entity Name

THE NIMITZ & BYRD COURTS HOMEOWNERS ASSOCIATION, INC.



| Perceptial Pines of Business 1376 NBMTZ COURT PO 80X 500781 ROCKLEDGE, FL 32956-0781 US 2. Principal Pines of Business - No P.O. Box # | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | A O O B T | 71.411 | | | |
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| Suria, Apil. 4, etc. Suria, Apil. 4, etc. Suria Suria Suria Apil. 4, etc. Apil. 4 | 1376 NIMITZ COURT PO BOX 560781 P.O. BOX 560781 POCKLEDGE, FL 32956-078 | | | US | | | 111 F1811 B1211 B186 | KOLOLIKOL | | | |
| City & Slate Ci | Principal Place of Business - No P.O. Box # Mailing Address | | | | | | | | | | |
| SP-2986655 Not Applicable SP-2986655 Not Applicable ZP Country Sp. Cortilization of Status Desired Sp. 75 Applicable Sp. 75 Appl | Suite, Apt. #, etc. Suite, Apt. #, | | | Apt. #, etc. | | 03102008 Ch | g-NP CR2E0: | 37 (12/06) | | | |
| 6. Name and Address of Current Registered Agent | City & State | City & State City | | | y & State | | | 5 | <u> </u> | | |
| Name Street Aborts Stree | Zip | | Country | Zip | Co | untry | 5. Certificate of Sta | atus Desired | \$8.75 Add Fee Required | itional | |
| Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE POWNATA head to persed ware of ingreened agent and that applicables. POTE Registered Agent speaker required many increasing. POTE ADDRESS 1885 S.00 May Bb Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITE MAKE PEARCE, JEFF DOWNATA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITE MAKE PEARCE, JEFF DOWNATA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITE MAKE PONDATE ADDRESS 1385 NIMIZ CT CITY-SI-79 ROCKLEDGE, FL 32955 TITE ADDRESS 1787 NIMITZ CT CITY-SI-79 ROCKLEDGE, FL 32955 TITE DOWNATA ADDRESS 1787 NIMITZ CT CITY-SI-79 ROCKLEDGE, FL 32955 TITE MAKE MOSCICKI, YVONNE MOSCICKI | _ | 6. Name | and Address of Current | Registered Agent | | | _7. Name and Addr | ess of New.Registered | Agent | | |
| City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature S | | ·- | | | | | The set (D.O. Davidhers in N | | - | | |
| E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Superior Superi | SUITE 302 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or pured name of registered agent and size it applicable. NOTE Registered Apent signature required when restricting to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | COCOA, F | L 32922 | | | | | | | | | |
| SIGNATURE Signature Trust Fund or period name of impliance agent and time it applicable NOTE Registered Agent appliance required when remission DATE | | | | | | City | | FL | Zip Code | • | |
| Storaure byte de periede name of registered agent and state if applicable | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | | | | | | |
| Trust Fund Contribution. Added to Fees Florida Department of State | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| TITLE PEARCE, JEFF STREET ADDRESS 1389 BYRD CT CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE VD OYLE; DEBBIE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE S PRESNICK, CATHY STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE S PRESNICK, CATHY STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D OK STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D MOSCICKI, YVONNE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D MOSCICKI, YVONNE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D MOSCICKI, YVONNE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D MOSCICKI, YVONNE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D MOSCICKI, YVONNE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D MODANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE P MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE D MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE P MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE P MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE P MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE P MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE P MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE P MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE P MCDANIEL, VICKI STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 | | | | | | t i | | | | | |
| NAME STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE NAME DOYLE; DEBBIE STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE NAME DOYLE; DEBBIE STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE SPECIAL STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE DOWNER STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE PD MCDANIEL, VICKI STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE PD MCDANIEL, VICKI STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE PD MCDANIEL, VICKI STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE PD MCDANIEL, VICKI STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE PD MCDANIEL, VICKI STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE PD MCDANIEL, VICKI STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE PD MCDANIEL, VICKI STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE ROCKLEDGE, FL 32955 TITLE ROCKLEDGE, FL 32955 TITLE PD MCDANIEL, VICKI STREET ADDRESS (ITY-ST-ZIP) ROCKLEDGE, FL 32955 TITLE R | 10. | | OFFICERS AND DI | RECTORS | 11. | | ADDITIONS/CHANGE | S TO OFFICERS AND DI | RECTORS IN | 10 | |
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| TITLE VD Change Addition NAME DOYLE; DEBBIE STREET ADDRESS STREET ADDRESS 1385 NIMIIZ CT ROCKLEDGE, FL 32955 STREET ADDRESS | STREET ADDRESS | 1389 BYR | RD CT | | | REET ADDRESS | 1374 17111 | - 27055 | - | | |
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| STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE PD NAME MCDANIEL, VICKI STREET ADDRESS 1379 BYRD COURT COURT NAME NAME STREET ADDRESS 1379 BYRD COURT NAME NAME NAME NAME STREET ADDRESS 1379 BYRD COURT CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-ZIP ROCKLEDGE, FL 32955 | NAME | MCDANIE | EL, VICKI | , | | | NICHOLAS | MESSINA | Ļ. | | |
| STREET ADDRESS 1376 BYRD CT STREET ADDRESS 1379 BYRE COURT CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-ZIP ROCKLEDGE FL 32957 | STREET ADDRESS | 1376 BYF | RD CT. | | | L. | | | | | |
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| | | formation | | | | | | | | | |

Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATTACHMENT 40047130

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N15009

Business Entity Name

THE NIMITZ & BYRD COURTS HOMEOWNERS ASSOCIATION, INC.

FEI Number

592986655

FEI Number Status

Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address

1376 NIMITZ COURT

City, State

ROCKLEDGE, FL

Zip Code & Country 329560781 US

Mailing Address

Address

PO BOX 560781

City, State

ROCKLEDGE, FL

Zip Code & Country 329560781 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) GOLDMAN, MITCHELL, S

Address

9600 WILLARD STREET

Suite, Apt. #, etc.

SUITE 302

City, State

COCOA, FL

Zip Code & Country

32922 US

Officer/Director Name And Address

Name And Address #1

32955

Name (Last, First, Middle, Title) CONSTANCE, HOGERTY

Street Address City, State

1379 NIMITZ COURT

Zip Code & Country

ROCKLEDGE, FL

Name And Address #2

ATTACHMENT HOO4713D FEN/5009

Title VD

Name (Last, First, Middle, Title) DOYLE, DEBBIE
Street Address 1385 NIMIIZ CT
City, State ROCKLEDGE, FL

Zip Code & Country 32955

Name And Address #3

Title

Name (Last, First, Middle, Title) YVONNE, MOSICKI
Street Address 1390 BYRD COURT
City, State ROCKLEDGE, FL

Zip Code & Country 32955

Name And Address #4

tle

Name (Last, First, Middle, Title) RAY, BROWN

Street Address 1380 NIMITZ COURT.
City, State ROCKLEDGE, FL

Zip Code & Country 32955

Name And Address #5

Title PD

Name (Last, First, Middle, Title) NICOLAS, MESSINA
Street Address 1379 BYRD COURT
City, State ROCKLEDGE, FL

Zip Code & Country

32955

Title

Officer/Director Signature CONSTANCE HOGERTY

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